PTO/SB/22 (10-00) Approved for use through 10/31/2002. OMB 0651-0031

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ETT. A. N.	PETITION FOR EXTENSION OF		Docket Number (Optional) 2946
	In re Application of Gerard M. Cuomo		
		Application Number 10/629,481	Filed 07/29/2003
		For Surgical Microscope Apparatus	
		Group Art Unit 3632	Examiner Anita M. King
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
	The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
	One month (37 CFR 1.17(a)	(1))	\$ 120.00
	Two months (37 CFR 1.17(a)(2))		\$
	Three months (37 CFR 1.17(a)(3)) \$		\$
	Four months (37 CFR 1.17(a)(4))		
	Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 60.00		
	A check in the amount of the fee is enclosed.		
	Payment by credit card. Form PTO-2038 is attached.		
	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _500-246 I have enclosed a duplicate copy of this sheet.		
	I am the applicant/inventor	I am the applicant/inventor	
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 28,184.		
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
	$2 \left \frac{25}{05} \right 05$	Signa	iture
03/04/2005	MAHMED1 00000013 10629481	Robert C. Beck	
01 FC:2251	60.00 OP	Typed	or printed name
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of		